

PATENT
Attorney's Docket No. 60053

COMBINED DECLARATION AND POWER OF ATTORNEY

As below named inventor, I hereby declare that

This declaration is of the following type: ORIGINAL

My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first, and sole inventor (*if only one name is listed below*) or an original, first, and joint inventor (*if plural names are listed below*) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND APPARATUS FOR USING BARRIER PHASES TO LIMIT PACKET
DISORDER IN A PACKET SWITCHING SYSTEM**

the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

As a named inventor, I hereby appoint **Kirk D. Williams, Reg. 42,229** to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

I further direct that correspondence concerning this application be directed to:

CUSTOMER NUMBER 26327

Kirk D. Williams, Esq.

The Law Office of Kirk D. Williams

1234 S. OGDEN ST.

Denver, CO 80210

303-282-0151 (telephone)

303-265-9946 (facsimile)

I hereby declare that all statements made herein of my own knowledge are true, that all statements made on information and belief are believed to be true, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: JOHN J. WILLIAMS, JR.

Inventor's signature _____

Date _____

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Combined Declaration and Power of Attorney - Page 2

Full name of second joint inventor, if any: THOMAS DEJANOVIC

Inventor's signature _____

Date _____

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Post Office Address: -- Same as Above --

Full name of third joint inventor, if any: JONATHAN E. MICHELSON

Inventor's signature _____

Date _____

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